

Atlantic Shore Dermatology

Chart# _____

This office is committed to providing patients with the best possible care.

AUTHORIZATION FOR SERVICES/RELEASE OF INFORMATION

The signature below serves as authorization for services rendered by Atlantic Shore Dermatology. This form authorizes release of medical information necessary to file insurance and assigns benefits. It gives us authorization to release medical information for the purpose of patient referral, treatment of and/or including treatment of worker's compensation injuries. A copy of the signature is as valid as the original.

NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided with Atlantic Shore Dermatology's Notice of Privacy Practices.

PAYMENT POLICIES

Atlantic Shore Dermatology will bill most insurance companies. Your insurance coverage is a contract between you and your insurance company. All services are billed with your insurance carrier providing you furnish all pertinent information to our office. Insurance copays, unpaid balances, and payment for non-covered procedures are expected when services are rendered. We accept cash, personal checks, VISA, MasterCard, American Express, and Discover. You will receive a bill for some pathology services and lab work from outside of Atlantic Shore Dermatology. (THESE PROVIDERS MAY NOT PARTICIPATE WITH YOUR INSURANCE COMPANY.)

I have read the above **Payment Policy** and understand that even with insurance coverage, including worker's compensation, if charges are denied, then I am financially responsible for my charges incurred. **If no payment has been received after 60 days from the date of service, necessary collection procedures will begin.**

If I am a private pay or Medicaid patient:

I understand that the providers at Atlantic Shore Dermatology are not participating with Medicaid. I am being accepted as a private pay patient and I will be responsible for paying for all services rendered. The provider will not file a claim to Medicaid for services provided to me.

RETURNS AND EXCHANGES

Due to health regulations, Atlantic Shore Dermatology cannot accept any opened skin care products. We will gladly refund/exchange any unopened skin care products within 30 days of receipt of purchase. Sorry for any inconvenience this may cause. If you have any questions regarding this policy, please feel free to contact the office.

By signing this form, I acknowledge that I have read and understand all of the above and agree to Atlantic Shore Dermatology's policies and practices.

Print Name: _____ **Signature:** _____ **Date:** _____
(Patient) (Patient/Guardian)

Please request copy, if needed for your records

Atlantic Shore Dermatology

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how medical information about you, the patient, may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, and for healthcare operations purposes—for example, to evaluate the quality of care that you receive.

We may contact you to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice of Privacy Practices and post the new notice in the waiting areas. You can also request a copy at any time. For more information about our privacy practices, contact the person listed below.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you a fee of \$20.00 per medical record. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

You may also request to receive confidential communications of protected health information.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Our Responsibilities

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact our Practice Manager at:

Name: Gloria Wood
Practice Name: Atlantic Shore Dermatology
Address: 7000 Wellness Way, Suite 7120, Saint Simons Island, GA 31522
Phone: (912) 634-4966